# FORM D

BEC 2 1 2007

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB
OMB Number: 3235-0076

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form.....16.00

S	EC USE ONLY	
Prefix	DATE RECEIVED	Serial

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)	
Common Stock Offering	
Filing Under (Check box(es) that apply): []Rule 504 []Rule 505 [X]Rule 506 []Sec	ction 4(6) [ ]ULOE
Type of Filing: [x]New Filing []Amendment	<b>*</b>
A. BASIC IDENTIFICATION DATA	PROCESSED
1. Enter the information requested about the issuer	7
Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)	JAN 0 8 2008
Child Health Holdings, Inc.	THORAGON
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (peluging Arra Code)
c/o Harbert Management Corporation, One Riverchase Parkway South,	205-987-5500 **********************************
Birmingham, AL 35244	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	LIPPOTO GRAIN GRAIN GRAIN COMPANY NAME AND ADDRESS OF THE ADDRESS
	1 1 4 2 1 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1
Type of Business Organization	
[X] corporation [] limited partnership, already formed[] other (please specify):	07087224
[] business trust [] limited partnership, to be formed	01001224
Month Year	
Actual or Estimated Date of Incorporation or Organization: [0][6] [0][6] [X] Actual	[]Estimated
Jurisdiction of Incorporation or Organization: (enter two-letter U.S. Postal Service abbreviation for S	
CN for Canada; FN for other foreign jurisdiction) [D]	E

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not Required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

## A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check box(es) that apply: []Promoter	[]Beneficial Owner	[X]Executive Officer	[X ]Director	[ ]General and/or ging Partner
Full Name (Last Name first, if individual)				<u> </u>
Barry, Stephen T.				
Business or Residence Address (Number ar	nd Street, City, State, Zip Co	ode)		
c/o Harbert Management Corpo	ration, One Rivercha	ise Parkway South, Bi	rmingham, Al	L 35244
Check box(es) that apply: [ ]Promoter	[ ]Beneficial Owner	[X] Executive Officer	[]Director	[]General and/or Managing Partner
Full Name (Last Name first, if individual)				
Fraze, Deborah				
Business or Residence Address (Number an	d Street, City, State, Zip Co	de)	•	
c/o Harbert Management Corpo	ration, One Rivercha	ise Parkway South, Bi	rmingham, Al	L 35244
Check box(es) that apply: []Promoter	[ ]Beneficial Owner	[]Executive Officer	[X]Director	[ ]General and/or Managing Partner
Full Name (Last Name first, if individual)				
Ferguson, III, R. A. (Trey)				
Business or Residence Address (Number an	d Street, City, State, Zip Co	de)		
c/o Harbert Management Corpo	ration, One Rivercha	se Parkway South, Bi	rmingham, Al	J 35244
Check box(es) that apply: []Promoter	[ ]Beneficial Owner	[]Executive Officer	[X]Director	[]General and/or Managing Partner
Full Name (Last Name first, if individual)				
Beard, Donald R.			<del></del>	
Business or Residence Address (Number an	d Street, City, State, Zip Co	de)		
c/o Harbert Management Corpor	ration, One Rivercha	se Parkway South, Bi	rmingham, AI	J 35244
Check box(es) that apply: []Promoter	[X]Beneficial Owner	[]Executive Officer	[]Director	[ ]General and/or Managing Partner
Full Name (Last Name first, if individual)	***			
Harbert Private Equity Fund II,				
Business or Residence Address (Number and	• • •	•		25244
c/o Harbert Management Corpor		<del> </del>		
Check box(es) that apply: []Promoter	[ ]Beneficial Owner	[]Executive Officer	[ ]Director	[ ]General and/or Managing Partner
Full Name (Last Name first, if individual)				
D. in D. id. and D. id.	10, .0, 0, 7, 0	1.		
Business or Residence Address (Number and	a Street, City, State, Zip Coo	ae)		
(Use blank s	heet or copy and use addition	onal copies of this sheet as ne	cessarv.)	

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		,		•	B. INFO	PRMATIC	ON ABOU	T OFFE	RING			
Has the			he issuer int endix, Colu				nvestors in	this offer	ring?			Yes No [] [X]
1. What	is the min	imum inve	stment that	will be ac	cepted from	m any indi	vidual?			*************		<u>\$0</u>
2. Does	the offerin	g permit jo	oint owners!	hip of a sir	ngle unit?	***************************************			•••••	•••••	***************	Yes No [X][]
remu perso	neration for on or agent five (5) pe	or solicitat of a broke	ion of purch er or dealer	nasers in c registered	onnection with the	with sales SEC and/o	of securit	ies in the ate or sta	offering. tes, list th	If a pers	son to be l of the brok	commission or similar listed is an associated ter or dealer. If more ion for that broker or
Full Nar	ne (Last na	ame first, i	f individual	)						<del></del>		
N/A												
Busines	s or Reside	nce Addre	ss (Number	and Stree	t, City, Sta	te, Zip Co	de)					
Name of	Associate	d Broker o	r Dealer									·
States in	which per	son listed i	has solicited	d or intend	s to solicit	purchaser	<u> </u>	<del></del>	<del></del>			
(Check '	'Δ1  States'	' or check	individual S	States \						f 14	All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[ ]. [GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Nan	ne (Last na	me first, if	individual)	)		<del></del>					······································	
Business	or Reside	nce Addres	ss (Number	and Street	, City, Star	te, Zip Coo	ie)					
Name of	Associate	d Broker o	r Dealer					•		<del></del>		
States in	which per	son listed h	nas solicited	or intend	to solicit	purchasers	3				-	
(Check "	All States"	or check i	ndividual S	tates)						[]A	II States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[VY] [VT]	[NC] [VA]	[ND] [WA]	[WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Nam	e (Last nai	ne first, if	individual)					· · · · · · · · · · · · · · · · · · ·				
Business	or Resider	ice Addres	s (Number a	and Street,	City, Stat	e, Zip Cod	le)		<del> </del>			
Name of	Associated	Broker or	Dealer									
States in	which pers	on listed h	as solicited	or intends	to solicit	purchasers						
			ndividual St									(m)
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCE	EDS	
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$ 3,000,000	\$3,000,000
[ X] Common [] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests		\$
Other (Specify:)	\$	\$
Total	\$ 3,000,000	\$ 3,000,000
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	3	\$ 3,000,000
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		\$
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of Offering	Type of Security	Dollar Amount
Type of Offering Rule 505		Sold \$
Regulation A		\$
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure		
is not known, furnish an estimate and check the box to the left of the estimate.	[]	\$
Transfer Agent's Fees.	ן ז ר ז	\$
Printing and Engraving Costs	[x]	\$
Legal Fees	[^]	\$ \$
Accounting Fees.	[ ]	\$
Engineering Fees	[]	\$
Other Expenses (identify)	[]	\$
Total	[x]	\$1,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE			,	
<ul> <li>Enter the difference between the aggregate offering price given in response Question 1 and total expenses furnished in response to Part C - Question 4.a. This the "adjusted gross proceeds to the issuer."</li> </ul>		\$ 2,999,000		
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or propose for each of the purposed shown. If the amount for any purpose is not known, furnish check the box to the left of the estimate. The total of the payments listed must equal gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.	estimate a	and		
gross proceeds to the issuer set forth in response to 1 art 6. Question 4.5. above.		Payments Officers, Directors Affiliates	&	Payments To Others
Salaries and fees	. []	\$	_ []	\$
Purchase of real estate	. []	\$	[]	\$
Purchase, rental or leasing and installation of machinery and equipment	. []	\$	_ []	\$
Construction or leasing of plant buildings and facilities	. []	\$	[]	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	i	\$	_ []	\$
Repayment of indebtedness	. []	\$	()	\$
Working capital	[]	\$	[x]	\$2,999,000
Other (specify)	[]	\$	[]	\$
Column Totals	[]	\$	[]	<u>s</u>
Total Payments Listed (column totals added)		[X ]	\$ <u>2,999,0</u>	00
D. FEDERAL SIGNATUR	E ·			
			Y	-
ne issuer has duly caused this notice to be signed by the undersigned duly authorized llowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities staff, the information furnished by the issuer to any non-accredited investor pursuant to p	s and Exc	hange Commi	ssion, upon v	er Rule 505, the written request of
ssuer (Print or Type) Signature			Date	
Child Health Holdings, Inc.	. /		12/1	9/07
Name of Signer (Print or Type)  Title of Signer (Print or Type)	Y	[		<u> </u>
Stephen T. Barry President				

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification provisions of su rule?	h Yes	No [X]

See Appendix, Column 5, for state response

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such time as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and had duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
Child Health Holdings, Inc.	Stephen T Barry	12/19/07	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	-	
Stephen T. Barry	President		

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPEN	DIX				1
1	Intend to Non-A	2 I to Sell Accredited rs in State I-Item 1)	Type of Security and Aggregate Offering Price Offered in State (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		X	Common Stock \$2,850,000	1	\$2,850,000	0	0	i	X
AK									
AZ									
AR	-							<u> </u>	
CA									
CO						-			
CT									
DE									
DC	İ								
FL		X	Common Stock \$50,000	1	\$50,000	0	0		х
GA								. ==	
HI									
1D									
IL_		·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
IN									
IA									
KS									
KY						ļ			
LA									
ME					·- ·				
MD									
MA		X	Common Stock \$100,000	1	\$100,000	0	0		X
МІ	-		·						
MN								<u></u>	
MS	<del></del>								

				APPEN	DIX	4			. 5
1	Intend to Non-A	2 I to Sell Accredited rs in State B-Item 1)	Type of Security and Aggregate Offering Price Offered in State (Part C-Item 1)	Type of Investor and Amount Purchased in State (Part C-Item 2)					5 alification tate ULOE es, attach nation of r granted) E-Item 1)
State MO	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									<u> </u>
NH									•
NJ					<u> </u>				
NM									
NY				. ,, .	<del></del>				]
NC									
ND					<del></del> .				
ОН		-						. =	
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OR									
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SC									
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TX									
UT								-	
VT							-		
VA	-					<del>-</del> · · · · · · · · · · · · · · · · ·		·	
WA WV								·	
WI					,				

				ÁPPEN	DIX	•			,
1		2	3			4 5 Disqualificati			5 dification
	to Non-A	I to Sell Accredited rs in State 3-Item 1)	Type of Security and Aggregate Offering Price Offered in State (Part C-Item 1)		Type of Investor and Amount Purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount_	Yes	No
WY_									
PR									

# **END**